MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

X 09739

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SYKESVILLE
LENGTH OF STAY (in this place) 7 mos., 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CITY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE CITY
STREET ADDRESS 120 S. Castle St. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) BRUNO (Last) BARRON
4. DATE OF DEATH (Month) 10 (Day) 11 (Year) 1951

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1892
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City street cleaner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME GEORGE BARRON
14. MOTHER'S MAIDEN NAME AGNES BAUM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ----- (If yes, give war or dates of service) -----
16. SOCIAL SECURITY NO. -------
17. INFORMANT AND ADDRESS RECORDS, SPRINGFIELD STATE HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary tuberculosis	About 1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002 x
12 b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, paranoid type

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21-, 1951, to 10-11-, 1951, that I last saw the deceased alive on 10-11-, 1951, and that death occurred at 3:10 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS SPRINGFIELD STATE HOSPITAL SYKESVILLE, MD. DATE SIGNED 10-11-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/15/51
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 10/12/51
REGISTRAR'S SIGNATURE R.W. Hedrick DMR
24. FUNERAL DIRECTOR John A. Moran ADDRESS 3000 E. Balto. St.

[signature] Lewis

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton — LENGTH OF STAY (in this place): 2yrs.6mths.4days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 7015 Wisconsin Avenue

3. NAME OF DECEASED (Type or Print) (First): RICHARD (Middle): ROOSEVELT (Last): BATTLE

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 3, 1951

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Dec. 20,1911
9. AGE last birthday: 39 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Poultry Business
10b. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Rocky Mount, N.Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fred Battle
14. MOTHER'S MAIDEN NAME: Blummer Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 226-14-6533
17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Sept.,1945

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

002 x
13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 29, 1948, to Oct. 3, 1951, that I last saw the deceased alive on Oct. 3, 1951, and that death occurred at 10:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): T.F. Vestal M.D. — ADDRESS: Henryton, Maryland — DATE SIGNED: 10-3-51

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 10-9-51 — NAME OF CEMETERY OR CREMATORY: Unity Cem. — LOCATION (City, town, or county) (State): Rocky Mount, N.C.

DATE REC'D BY LOCAL REG.: 10-3-51 — REGISTRAR'S SIGNATURE: Albert [illegible] — 24. FUNERAL DIRECTOR: George L. Better — ADDRESS: 1203 Walter St. S.E.

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 15 1991
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. No. 09741

Reg. Dist. No. 74

1. PLACE OF DEATH
COUNTY: CARROLL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE
LENGTH OF STAY (In this place): 21 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 1837 Jefferson Street

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) MARSHALL (Last) BELL

4. DATE OF DEATH: (Month) 10 (Day) 25 (Year) 19 51

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 3-29-87

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONTRACTOR

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): BALTIMORE

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: MANETTE HITCHBORK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service): Unk.

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL-VASCULAR ACCIDENT	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROSIS	several years
	(c)	

331 X
83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: PSYCHOSIS DUE TO ARTERIOSCLEROSIS — about 2 weeks

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 24, 19 51, to Oct. 25, 19 51 that I last saw the deceased alive on Oct. 25, 19 51, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): M.D.

ADDRESS: Springfield State Hospital, Sykesville, Maryland

DATE SIGNED: 10-25-51

23. BURIAL, CREMATION REMOVAL, (Specify): Burial

DATE THEREOF: Oct. 30, 1951

NAME OF CEMETERY OR CREMATORY: Mt. Olivet

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: Oct. 26, 1951

REGISTRAR'S SIGNATURE: C. Harry Klee

24. FUNERAL DIRECTOR: John Ulrich

ADDRESS: 2004 Orleans St. Balto. Md.

FD 246

RECEIVED
OCT 29 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09742

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Eloise	E.	Brown	October	8	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W	Single	Aug. 6 1871	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin Gratz Brown	Mary Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No No	None	Mrs Grace D. Brown - Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio Vascular Disease —

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932 (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan., 19 46, to Oct 8, 19 51, that I last saw the deceased alive on Oct 8, 19 51, and that death occurred at 10:10 P m., from the causes and on the date stated above.

SIGNATURE J A Barnes (Degree or title) MD ADDRESS Sykesville Md DATE SIGNED 10/9/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	Oct. 11, 1951	Loudon Park	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 11, 1951	C. Harry Klein	C. H. Klein - Sykesville,	Md.

RECEIVED
OCT 15 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

File No. 09743

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 909 Beaumont Ave

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E (Last) Calder

4. DATE OF DEATH: (Month) Oct (Day) 6 (Year) 195[illegible]

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: May 18 — 9. AGE last birthday: 53 yrs. — If under 1 year: Months — If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Housework — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Louis Teagle — 14. MOTHER'S MAIDEN NAME: Elizabeth Hutchinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — — 17. INFORMANT AND ADDRESS: Mrs. John E Resh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X — Immediate cause (a) Cerebral Hemorrhage — [illegible]

83a — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 195[illegible], to Oct 6, 51, that I last saw the deceased alive on Oct 6, 195[illegible], and that death occurred at 4:30 m., from the causes and on the date stated above.

SIGNATURE: M. Martin M.D. — (Degree or title) — ADDRESS: Sykesville Md. — DATE SIGNED: Oct 6 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 9 1951 — NAME OF CEMETERY OR CREMATORY: Mt. Zion — LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REG.: Oct 9 1951 — REGISTRAR'S SIGNATURE: Harry Rees — 24. FUNERAL DIRECTOR: Jos. T. Foster, Bel Air, Md. — ADDRESS

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RECEIVED
OCT 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Carroll
LENGTH OF STAY (in this place): 9yrs.11mths.1day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taylor's Island
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) RUTH (Middle) EFFIE (Last) CORNISH

4. DATE OF DEATH: (Month) Oct., (Day) 15, (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan.,23,1927

9. AGE last birthday: 24 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Scholar

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Woodbury, New Jersey

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lucas Warner

14. MOTHER'S MAIDEN NAME: Ardell Cornish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Unknown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Far Advanced Bilateral Pulmonary Tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: April 4, 1941

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov.,14, 19 41, to Oct.,15, 19 51, that I last saw the deceased alive on Oct.,15, 19 51, and that death occurred at 6:10 P.m., from the causes and on the date stated above.

SIGNATURE: T.F. Vestal — (Degree or title) M.D — ADDRESS: Henryton, Maryland — DATE SIGNED: 10-15-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-21-51 — NAME OF CEMETERY OR CREMATORY: Bethlem Cem. — LOCATION (City, town, or county) (State): Cambridge, Dor. Md.

DATE REC'D BY LOCAL REG. 10-15-51 — REGISTRAR'S SIGNATURE: Albert A. Swanborn — Deputy Local

24. FUNERAL DIRECTOR — ADDRESS: Lewis H. Baynon - 201 Washington St Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09745

Reg. Dist. No. 70

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown — LENGTH OF STAY (in this place) 50 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Mrs. Amanda	(Middle) F	(Last) Crouse	4. DATE OF DEATH	(Month) Oct	(Day) 18	(Year) 1951.
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Oct.4,1872	9. AGE last birthday 79 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Md			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Emanuel Overholtzer			14. MOTHER'S MAIDEN NAME Susan Jacobs				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	17. INFORMANT F.E.Crouse Taneytown, Maryland				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Angina Pectoris	1 hour
420.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac Asthma	4 days
94 b	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14th, 1951, to Oct 18th, 1951, that I last saw the deceased alive on Oct. 18th, 1951, and that death occurred at 11:15 P.m., from the causes and on the date stated above.

SIGNATURE C. M. Benner (Degree or title) Md ADDRESS Taneytown Md. DATE SIGNED Oct 20th 1951

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF Oct.21,51.	NAME OF CEMETERY OR CREMATORY Reformed Cemetery	LOCATION (City, town, or county) Taneytown (State) Md.
DATE REC'D BY LOCAL REG. Oct 21, 1951	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR C.O.FUSS & SON	ADDRESS Taneytown, Md.

OCT 1951
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(5746

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton | LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) DAVIS
4. DATE OF DEATH: (Month) October (Day) 14 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug. 1, 1904
9. AGE last birthday: 47 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Helper
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Savannah, Georgia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Elizah Davis
14. MOTHER'S MAIDEN NAME: Janie Parks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Far Advanced Bilateral Pulmonary Tuberculosis — May, 1951

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

13 b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1951, to Oct. 14, 1951, that I last saw the deceased alive on Oct. 14, 1951, and that death occurred at 5:10 P. m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

T. F. Vestal | M. D | Henryton, Maryland | 10-14-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10/17/51 | NAME OF CEMETERY OR CREMATORY: Washington | LOCATION (City, town, or county): Hurlock, Dor, (State): Md.

DATE REC'D BY LOCAL REG. 10-14-51 | REGISTRAR'S SIGNATURE: Albert R. [illegible] Deputy Local | 24. FUNERAL DIRECTOR: P. D. Hilloughby | ADDRESS: Hurlock, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville; LENGTH OF STAY (In this place) 29 years; STATE MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural, give location) 2525 Dulaney Street

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) (Last) Donnelly

4. DATE OF DEATH: (Month) October (Day) 29, (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 8, 1889

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: no

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph McCoy

14. MOTHER'S MAIDEN NAME: Eliza

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Chronic myocarditis and myocardial degeneration	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Generalized arteriosclerosis	about 5 years
(c)		

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, hebephrenic type — known — 30 years

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2, 1942, to 10-29-, 1951, that I last saw the deceased alive on 10-29-51, 1951, and that death occurred at 10.20p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Irene L. McKinney M.D. ADDRESS: Springfield State Hospital DATE SIGNED: 10-29-51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal; DATE THEREOF: 10/31/51; NAME OF CEMETERY OR CREMATORY; LOCATION (City, town, or county) (State): Baltimore Md.

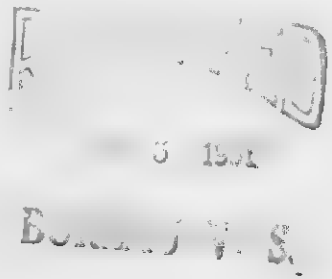
DATE REC'D BY LOCAL REG.: Oct. 31, 1951; REGISTRAR'S SIGNATURE: C. Nancy Heer

24. FUNERAL DIRECTOR; ADDRESS: Wm. Cook Inc. 1217 St. Paul St.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Reisterstown
LENGTH OF STAY (In this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cockeys Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3507 Loganview Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARRY	FRANKLIN	EVANS	Oct	20	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hr: Hours	Min.
M	W	Married	3-18-1899	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Operator for Modern Linotypers		Reynoldsville, Pa.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas E. Evans	Mary Ella Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
	415-12-6220	Edna Robinette Evans	3507 Loganview Drive Baltimore 22, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary artery disease

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

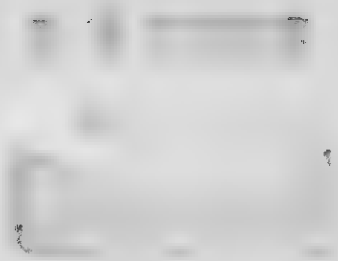
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Hook	Deputy Medical Examiner	Westminster Md	10/20/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 23, 1951	Reynoldsville Cem.	Reynoldsville, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-21-51	Mary B. Eline	J.F. Eline & Sons,	Reisterstown, Md.



M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09749

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) 5 mos. 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE SOMERSET COUNTY COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) NELLIE (Middle) FRANCES (Last) EVANS
4. DATE OF DEATH (Month) 10 (Day) 14 (Year) 1951

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 2/24/10
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Spring Valley, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Carnie Poole
14. MOTHER'S MAIDEN NAME Lena Clene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ?
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Right heart failure	Two weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized amyloidosis	Indefinite
	(c) Pulmonary tuberculosis, bilateral	Indefinite

3b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paranoid Sschizophrenia since 1941

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20, 1951 to 10/14, 1951 that I last saw the deceased alive on 10/14, 1951 and that death occurred at 9:55 P EST m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M. D. ADDRESS Sykesville, Maryland DATE SIGNED 10/15/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-18-51
NAME OF CEMETERY OR CREMATORY St Pauls
LOCATION (City, town, or county) (State) Marion, Md.

DATE REC'D BY LOCAL REG. Oct 15, 1951
REGISTRAR'S SIGNATURE C. Harry Weir
24. FUNERAL DIRECTOR Brackshaw Fun Home ADDRESS Crisfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

9750

Reg. Dist. No. 83

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-- Woodbine
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-- Woodbine
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) H. (Last) FLEMING

4. DATE OF DEATH: (Month) OCT. (Day) 9, (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 7-6-1853

9. AGE last birthday: 98 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Fleming

14. MOTHER'S MAIDEN NAME: Margaret Gosnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Thos. E. Fleming, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — acute — Interval between onset and death: - 4da

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Uremia - chronic — 3 yrs
(c) Chr. Interstitial Nephritis due to advanced arterio - sclerosis — yrs ?

453.0
1811

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

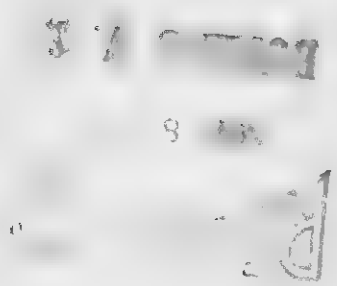
22. I hereby certify that I attended the deceased from ....., 19....., to 10/9....., 1951, that I last saw the deceased alive on 10/8/51, 19....., and that death occurred at 3:15P: m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Stanley Grabill - M.D. — ADDRESS: Mt Airy - Md. — DATE SIGNED: 10/10/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 10-12-1951 — NAME OF CEMETERY OR CREMATORY: Morgan Chapel — LOCATION (City, town, or county) (State): Carroll Co., Md.

DATE REC'D BY LOCAL REG.: 10-11-51 — REGISTRAR'S SIGNATURE: Edward M. Hewitt

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md. — ADDRESS:



1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL	STREET ADDRESS 115 N. Front Street (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) (Last) FLUGGE			4. DATE OF DEATH (Month) 10 (Day) 29 (Year) 1951		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 1860	9. AGE last birthday 91 ? yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) WALES		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME JOHN O'BRIEN			14. MOTHER'S MAIDEN NAME MARY RODERICK		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS HOSPITAL RECORDS		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) BRONCHO-PNEUMONIA, LEFT BASE	12 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) LEFT ILIAC THROMBOPHLEBITIS	Indefinite
	(c) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE	Indefinite

4/22/1

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 24 1951, to October 29 1951, that I last saw the deceased alive on Oct. 29, 1951, and that death occurred at 9:45 P.m., from the causes and on the date stated above.

SIGNATURE Henry C. A. Mead (Degree or title) M.D. ADDRESS Springfield State Hospital Sykesville, Maryland DATE SIGNED 10-31-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Nov 1, 1951	NAME OF CEMETERY OR CREMATORY Loudon Park	LOCATION (City, town, or county) Baltimore (State) Md
DATE REC'D BY LOCAL REG. 11/1/51	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR H. Sander & Sons, Inc. George F. Sander	ADDRESS Baltimore Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09752

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 3/21/22	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) Rural Route

3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle) ---	(Last) GEIZELMAN	4. DATE OF DEATH	(Month) October (Day) 4th (Year) 1951
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 8/22/1876	9. AGE last birthday 75 yrs.	If under 1 year Months — Days — If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Hands	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Frederick County, Maryland	12. CITIZEN OF WHAT COUNTRY? United States		
13. FATHER'S NAME William Geizelman		14. MOTHER'S MAIDEN NAME Laura Stitely			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown	(If yes, give war or dates of service) ---	16. SOCIAL SECURITY No. unknown	17. INFORMANT AND ADDRESS Records - Springfield State Hospital		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebrovascular accident	2½ months
447X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive vascular disease	17 years
83a	(c) ---	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, hebephrenic type — 29 yrs.

19a. DATE OF OPERATION ---	19b. MAJOR FINDINGS OF OPERATION ---	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) ---	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---	(CITY OR TOWN) --- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.	INJURY OCCURRED --- While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Oct. 4, 1951, that I last saw the deceased alive on Oct. 4, 1951, and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin Gross, M.D.	Martin Gross, M.D.	Sykesville, Maryland	10/4/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 10/8/51	NAME OF CEMETERY OR CREMATORY Beaver Dam Cem.	LOCATION (City, town, or county) Frederick County (State)
DATE REC'D BY LOCAL REG. Oct. 7, 1951	REGISTRAR'S SIGNATURE C. Harry Weer	24. FUNERAL DIRECTOR D. D. Hertzler & Sons	ADDRESS Elmore Bridge & New Windsor, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

OCT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural - Sykesville; LENGTH OF STAY (in this place) 1yr, 10 mo, 3 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) 15 High Street

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle)	(Last) GILMORE	4. DATE OF DEATH	(Month) October (Day) 31 (Year) 1951
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 1867	9. AGE last birthday 85 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic	10b. KIND OF BUSINESS OR INDUSTRY Unk -	11. BIRTHPLACE (State or foreign country) Ireland	12. CITIZEN OF WHAT COUNTRY? Unk -		
13. FATHER'S NAME Patrick Gilmore		14. MOTHER'S MAIDEN NAME Catherine Diskin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT AND ADDRESS Record, Springfield State Hospital			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pulmonary Tuberculosis	3 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
13-b (c)	General Arteriosclerosis	Years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile Psychosis, agitated depressed type	8 years

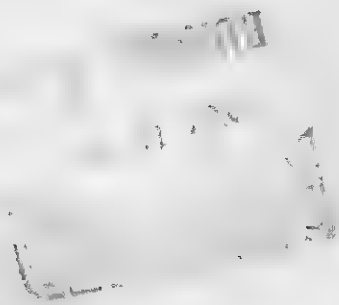
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/28, 1949, to Oct. 31, 1951, that I last saw the deceased alive on Oct. 31, 1951 and that death occurred at 11:25 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Witold V. Winiarz	M.D.	Sykesville, Maryland	10-31-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	11/6/51	University Med School	Balto City	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 6, 1951	C. Harry Wear	Frances A. Hemsley	5784 Biddle St



M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor — LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) LEWIS (Middle) EDWARD (Last) GREEN
4. DATE OF DEATH (Month) Oct. (Day) 8 (Year) 1957
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, [illegible]
8. DATE OF BIRTH 10/4/1870
9. AGE last birthday 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) farmer - retired
10b. KIND OF BUSINESS OR INDUSTRY owner
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Henry Green
14. MOTHER'S MAIDEN NAME Mary Ellen Long
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS H. Paul Green - New Windsor, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Bronchial Oedema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis with a cond mitral murmur

421.4 92 b (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1951, to Oct 8, 1951, that I last saw the deceased alive on Oct 8, 1951, and that death occurred at 4:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. H. Legg MD — ADDRESS Union Bridge — DATE SIGNED 10-9-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 10/11/51 — NAME OF CEMETERY OR CREMATORY Pipe Creek Cem. — LOCATION (City, town, or county) Emmontown Road (State)

DATE REC'D BY LOCAL REG. Oct 10 — REGISTRAR'S SIGNATURE Ernie G. Benedict Ind Reg — 24. FUNERAL DIRECTOR O. D. Hartle & Sons — ADDRESS Union Bridge & New Windsor, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09755

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 55 Liberty St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 55 Liberty

3. NAME OF DECEASED (Type or Print) (First) CLARA (Middle) VIRGINIA (Last) HARMAN

4. DATE OF DEATH (Month) Oct. (Day) 2 (Year) 1951

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH April 18-1871

9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jesse Myers

14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs Orville Bohn Westminster 6. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute Interstitial nephritis	8 days
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis —	2 yrs
93d	(c) chronic arterio sclerosis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-4-, 1949, to 10-2-, 1951 that I last saw the deceased alive on 10-1-, 1951, and that death occurred at 1-30 a.m., from the causes and on the date stated above.

SIGNATURE Chas. R Foutz (Degree or title) MD, ADDRESS Westminster Md DATE SIGNED 10.3-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Oct. 4-1951

NAME OF CEMETERY OR CREMATORY Winters Cemetery

LOCATION (City, town, or county) New Windsor (State) Md.

DATE REC'D BY LOCAL REG. 10/3/51

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR H Bankard & Son ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 8 1951
BUREAU V. S.

69756

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sykesville
LENGTH OF STAY (In this place) Unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.1 - Brewingers Mill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sykesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) LEO (Last) Hudson
4. DATE OF DEATH (Month) 10 (Day) 1 (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced
8. DATE OF BIRTH 5-13-1881
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Civil Engineer
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Georgia
12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME Thomas Hudson
14. MOTHER'S MAIDEN NAME Lou Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Edith H.Hudson, Boston, Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Worsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md. DATE SIGNED Oct 1 51

23. BURIAL, CREMATION REMOVAL (Specify) CREMATION
DATE THEREOF 10-4-1951
NAME OF [redacted] CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. Oct. 3, 1951
REGISTRAR'S SIGNATURE C. Harry Weed
24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 8 1951
BUREAU V. S.

0957

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Mills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Meadowview Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARTHA (Middle) JANE (Last) KOLLER
4. DATE OF DEATH (Month) OCT. (Day) 20 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
female	white	single	2-21-1866	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William J. Koller
14. MOTHER'S MAIDEN NAME: Mary E. Fuhrmann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. Roscoe Thompson, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cerebral Hemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Nephritis 331 k	10 yrs
	(c) General Arteriosclerosis 131 b	Yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/18, 1951, to 10/20, 1951, that I last saw the deceased alive on 10/20, 1951, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE Thurston Bare (Degree or title) ADDRESS Westminster, Maryland DATE SIGNED 10/20/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	10-23-1951	Manchester Union	Manchester, Md.

DATE REC'D BY LOCAL REG. 10/22/51 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: C. M. Waltz, ADDRESS: Winfield, Md.

(VS-A1)

OCT 24 1
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 80

09253 81 137

1. PLACE OF DEATH: COUNTY Frederick (Capital) STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge | LENGTH OF STAY (In this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) LEO (Middle) MORTON (Last) KREIMER
4. DATE OF DEATH: (Month) October (Day) 19 (Year) 1957

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 3/22/1877
9. AGE Last birthday: 74 yrs. | If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Israel Kreimer
14. MOTHER'S MAIDEN NAME: Elizabeth Eakins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Mrs. Jane W. Kreimer, Union Bridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

4321 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile Sclerosis

932 (c)

Interval between Onset and Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 19 57, to Oct. 19, 19 57, that I last saw the deceased alive on Oct. 18, 19 57, and that death occurred at 8:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Legg M.D. ADDRESS Union Bridge Md DATE SIGNED 10-20-57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/22/57
NAME OF CEMETERY OR CREMATORY St. Peters Cem
LOCATION (City, town, or county) (State) Bloomfield, Md.

DATE RECEIVED BY LOCAL REGISTRAR Oct 20 57
REGISTRAR'S SIGNATURE Ernest Bundy
24. FUNERAL DIRECTOR D. D. Hartsock & Sons
ADDRESS Union Bridge & New Windsor, Md

MRV 10-17-57 Esther Pleasant Leslie Hoff

RECEIVED
BUREAU V. S.

09759

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SYKESVILLE, MD.
LENGTH OF STAY (in this place) 5 mos., 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkittsville, Md.
STREET ADDRESS (If rural, give location) ——

3. NAME OF DECEASED (Type or Print) (First) KATIE (Middle) BLANCHE (Last) MAGAHA
4. DATE OF DEATH (Month) 10 (Day) 10 (Year) 1951
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 1-8-77
9. AGE last birthday 74 yrs. If under 1 year Months 9 Days 2 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) BURKITTSVILLE, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ALBERT HIGHTMAN
14. MOTHER'S MAIDEN NAME PHOEBE VIRTS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) ?
16. SOCIAL SECURITY NO. [illegible]
17. INFORMANT AND ADDRESS RECORDS, SPRINGFIELD STATE HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic heart disease	2 yrs.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
95d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-, 1951, to 10-10-, 1951, that I last saw the deceased alive on 10-10-1951, and that death occurred at 8:55 Am., from the causes and on the date stated above.

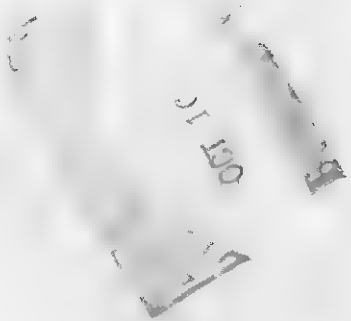
SIGNATURE [signature] (Degree or title) Mead MD
ADDRESS Sykesville, Md. Springfield State Hospital
DATE SIGNED 10-10-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-13-51
NAME OF CEMETERY OR CREMATORY Union
LOCATION (City, town, or county) Burkittsville (State) Md
DATE REC'D BY LOCAL REG. Oct. 13, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR C. H. Feite & Bro Brunswick
ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09760

76

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (in this place) 1 Mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Finksburg Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryalnd COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ashland, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lula (Middle) (Last) McKelvey

4. DATE OF DEATH (Month) Oct. (Day) 2, (Year) 1951

5. SEX Female FEMALE

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH June 19, 1873

9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patient at nursing home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Welfare Records of Baltimore County

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis - Chronic decompensating

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension

(c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH 3 mont

440 X

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-51, to 10-2-1951, that I last saw the deceased alive on 10-2-51, and that death occurred at 11 p m. from the causes and on the date stated above.

SIGNATURE James G. Saffell (Degree or title) M. D. ADDRESS Reisterstown Md DATE SIGNED 10-3-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Oct. 5, 1951

NAME OF CEMETERY OR CREMATORY Finksburg

LOCATION (City, town, or county) (State) Finksburg Carroll Co.

DATE REC'D BY LOCAL REG. 10-4-51

REGISTRAR'S SIGNATURE Gary B. Eline. J. K. Woodward

24. FUNERAL DIRECTOR J.F. Eline & Sons ADDRESS Reisterstown, Md.

RECEIVED
OCT 9 1952
BUREAU V. S.

09761

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 81

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Union Bridge
LENGTH OF STAY (In this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Union Bridge
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) ULRIC (Last) MESSLER Jr
4. DATE OF DEATH (Month) October (Day) 31 (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar 30, 1915
9. AGE last birthday 36 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer owner
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Charles U. Messler
14. MOTHER'S MAIDEN NAME Clara Bonsera

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. None
17. INFORMANT Charles U Messler

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.1 Immediate cause (a) Drowning — Minutes

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home Farm (CITY OR TOWN) Union Bridge (COUNTY) Carroll (STATE) Md
TIME OF INJURY (Month) Oct (Day) 31 (Year) 1951 (Hour) 4:30 p.m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Apparently he became giddy, fell into Spring drain and unable to get free and out

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T Marsh (Degree or title) Deputy Medical Examiner ADDRESS Union Bridge Md DATE SIGNED 10/31/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/3/51
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) Cranmontown Road
DATE REC'D BY LOCAL REG. Nov. 1, 1951
REGISTRAR'S SIGNATURE Leslie L. Kepp
24. FUNERAL DIRECTOR [illegible] & Sons ADDRESS Union Bridge & New Windsor, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyperville
LENGTH OF STAY (in this place) 4 yr. 7 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 500 E. Inwood Ave
STREET ADDRESS (If rural, give location) Baltimore

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Lucinda (Last) Neuman
4. DATE OF DEATH (Month) Oct (Day) 9th (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan 2 1878
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY Germany
13. FATHER'S NAME John Auman
14. MOTHER'S MAIDEN NAME Mary Rebecca Motter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Robert Theodore Neuman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Occlusion	1 day
420 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Genl. Arterio Sclerosis	10 yrs
44a	(c)	Hypertension	10

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 19, 1946, to Oct 9, 1951, that I last saw the deceased alive on Oct 5, 1951, and that death occurred at 2:55 a m., from the causes and on the date stated above.

SIGNATURE H. H. Martin (Degree or Title) M.D. ADDRESS Hyperville DATE SIGNED Oct 9-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/12/51
NAME OF CEMETERY OR CREMATORY Woodsboro
LOCATION (City, town, or county) (State) Woodsboro, Md.

DATE REC'D BY LOCAL REG. Oct. 10, 1951
REGISTRAR'S SIGNATURE C. Harry Weir
24. FUNERAL DIRECTOR Leonard J. Rueck ADDRESS 5305 Harford Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Md.
LENGTH OF STAY (in this place) Unk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 5100 Richard Ave

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) (Last) Pfaff
4. DATE OF DEATH (Month) October (Day) 13 (Year) 1951
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 5/14/97
9. AGE last birthday 54 yrs. If under 1 year Months 3 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY Unk.
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Pfaff
14. MOTHER'S MAIDEN NAME Louise Sminke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If yes, give war or dates of service) Unk.
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Springfield State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	10 yrs
443x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gen'l Arterio Sclerosis	10 yrs
93 d	(c) Hypertension	10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1949, to Oct 13, 1951, that I last saw the deceased alive on Oct 13, 1951, and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE M. J. Martin MD (Degree or title) ADDRESS Sykesville Md DATE SIGNED Oct 13-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-16-51
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Balto. Md. (State)
DATE REC'D BY LOCAL REG. Oct. 14, 1951
REGISTRAR'S SIGNATURE C. Harry Wise
24. FUNERAL DIRECTOR Leonard J. Ruck - 5305 Harford Rd. ADDRESS

64

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lynwood — LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lynwood
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) LAURA (Middle) ANNA P. (Last) AGER

4. DATE OF DEATH (Month) October (Day) 17 (Year) 1951

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow

8. DATE OF BIRTH 11/3/1861

9. AGE last birthday 89 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Ephraim Ogle

14. MOTHER'S MAIDEN NAME Mary Fillinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Mrs. Clara Black, Lynwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Insufficiency

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1951, to Oct 17, 1951, that I last saw the deceased alive on Oct 17, 1951, and that death occurred at 11:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. H. Legg M.D. — ADDRESS Union Bridge — DATE SIGNED 10-18-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 10/21/51 — NAME OF CEMETERY OR CREMATORY Beaver Dam Cem. — LOCATION (City, town, or county) Frederick County Md. (State)

DATE REC'D BY LOCAL REG. Oct 20 — REGISTRAR'S SIGNATURE Elma L. Bender — 24. FUNERAL DIRECTOR D. D. Hartzler & Sons — ADDRESS

Margaret Kingear Union Bridge & New Windsor, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
MARYLAND
LENGTH OF STAY (in this place): since 11/9/20
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Bert (Middle) H. (Last) Richards

4. DATE OF DEATH: (Month) 10 (Day) 26 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 6, 1883

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool Maker

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William B. Richards

14. MOTHER'S MAIDEN NAME: Olive Hibbard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service): —

16. SOCIAL SECURITY No.: unknown

17. INFORMANT AND ADDRESS: Records-Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Disease of the coronary arteries	more-1year
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Chronic myocarditis and myocardial degeneration	more-1 year
	(c) —	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Schizophrenia, paranoid type	40 years

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Oct. 26, 1951, that I last saw the deceased alive on 10/26, 1951, and that death occurred at 10.00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross, M.D. Martin Gross, M.D.

ADDRESS: Sykesville, Md

DATE SIGNED: 10-26-51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal Burial

DATE THEREOF: 10/29/51 11/1

NAME OF CEMETERY OR CREMATORY: University Med School

LOCATION (City, town, or county) (State): Balto City Md

DATE REC'D BY LOCAL REG.: Oct. 29, 1951

REGISTRAR'S SIGNATURE: C. Henry Ware

24. FUNERAL DIRECTOR: Frances A Hemsley & F W Biddle

ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09766

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH: COUNTY Carroll Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge Md
LENGTH OF STAY (in this place) 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) Stitley (Last) Rinehart
4. DATE OF DEATH (Month) 10 (Day) 4 (Year) 1951

5. SEX Female
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH 7-9-1867
9. AGE last birthday 84 yrs. If under 1 year Months 3 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Unionville, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joel Stitley
14. MOTHER'S MAIDEN NAME Eklam Repp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of [illegible])
16. SOCIAL SECURITY NO.
17. INFORMANT Carroll Rinehart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic heart disease — 2 yrs +

Antecedent cause(s)

420.0

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Oct 4, 1951, that I last saw the deceased alive on Sept 10 1951, and that death occurred at 12.30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
E Reese Wilkens, M.D. 7 Carroll St Westminster Md 10/4/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10-7-51
NAME OF CEMETERY OR CREMATORY Pipe Creek
LOCATION (City, town, or county) Near Union Town (State) Md.

DATE REC'D BY LOCAL REG. Oct 5, 1951
REGISTRAR'S SIGNATURE Julia L. Repp
24. FUNERAL DIRECTOR Raymond K Wright
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT. 8. 1951
BUREAU V. S.

Item 18 Film G136 10-18-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) since 5/29/44
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 1728 Johnson Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gilbert	Charles	ROGERS	October	9	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	divorced	5/18/1909	42 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Factory worker	---	Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ely Rogers	Catherine Lowy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
unknown ---	Unknown	Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Mediastinal tumor Cancer of left lung with metastasis into the liver and other organs. (10-18-51 ams)	over two months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pericarditis	2 months
(c) Syphilis	about 15 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General paresis	7 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
---	---	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
---	---	---		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
---			m.	---	---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Oct. 9, 1951, that I last saw the deceased alive on Oct. 9, 1951, and that death occurred at 9.10 p.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) — ADDRESS Sykesville, Md. — DATE SIGNED 10-9-51

Martin Gross, M.D

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 13 1951	Glen Heaven.	A.A. Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 10, 1951	C Stanley Keen	James L. McCully.	130 E Fort Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Sykesville — LENGTH OF STAY (in this place): 1 yr. 5 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown Ballro
STREET ADDRESS (If rural, give location): 9234 Calvert St.

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) (Last) Shipp
4. DATE OF DEATH (Month) Oct (Day) 28 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: Mar 1-1896
9. AGE last birthday: 55 yrs. — If under 1 year: Months 7, Days 21 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Labour
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Luther Shipp
14. MOTHER'S MAIDEN NAME: Priscilla Dailey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: Hospital Records - Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Occlusion	10 minutes
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Chronic Myocarditis	10 yrs
93d	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1933, to Oct 28, 1951, that I last saw the deceased alive on Oct 28, 1951, and that death occurred at 6-20 P m., from the causes and on the date stated above.

SIGNATURE: W. W. Martin M.D. (Degree or title) — ADDRESS: Sykesville Md. — DATE SIGNED: Oct 28/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct. 31 1951 — NAME OF CEMETERY OR CREMATORY: Wash. Natl Cemetery — LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG.: Oct 29, 1951 — REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR — ADDRESS: W. W. Chambers Co. 3072 M. St. N. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster; LENGTH OF STAY (in this place) 9 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster; STREET ADDRESS (If rural, give location) R.D. 4

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) FRANK (Last) SNYDER

4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 15-1875

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - own farm

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Levi Snyder

14. MOTHER'S MAIDEN NAME: Sarah Schroder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-22-9799

17. INFORMANT AND ADDRESS: Mrs Charles Martin, Westminster 4, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2 hrs
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis (Gen'l &	10 yrs
94a	(c) Coronary sclerosis Arthritis & mild Hypertension	several yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Oct. 25 1951, that I last saw the deceased ~~alive~~ dead on Oct 25, 1951, and that death occurred at 10:00P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wyland Speicher Westminster Md 10/27/51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: Oct 29-1951

NAME OF CEMETERY, OR CREMATORY: Trinity Reformed Cem.

LOCATION (City, town, or county) (State): Westminster Md.

DATE REC'D BY LOCAL REG. 10/29/51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: H Bankard Son Westminster, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton; LENGTH OF STAY (In this place) 1yr. 5mths. 20days; HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 30; STREET ADDRESS (If rural, give location) 1600 S. Eutaw Place

3. NAME OF DECEASED (Type or Print): (First) DAISY; (Middle) MAE; (Last) TURNIPSEED

4. DATE OF DEATH: (Month) Oct., (Day) 11, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept., 6, 1942

9. AGE last birthday: 9 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: L.B. Turnipseed

14. MOTHER'S MAIDEN NAME: Venie Turnipseed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Daisy Jackson-112 W. Perry St., Balto.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Far Advanced Pulmonary Tuberculosis — Interval Between Onset and Death: August, 1949

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

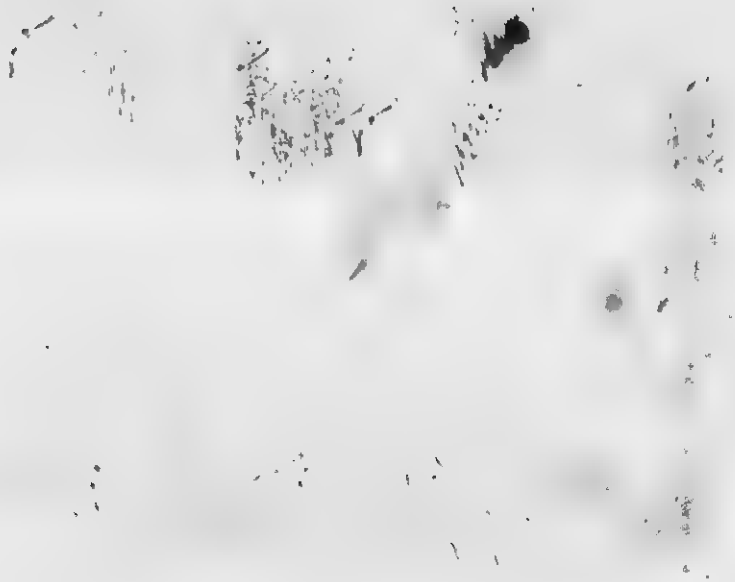
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 19 50, to Oct., 11, 19 51, that I last saw the deceased alive on Oct., 11, 19 51, and that death occurred at 10:55 A. m., from the causes and on the date stated above.

SIGNATURE T.F. Vestal (Degree or title) M.D ADDRESS Henryton, Maryland DATE SIGNED 10-11-51

23. BURIAL, CREMATION, REMOVAL (Specify) Removal; DATE THEREOF 10/16/51; NAME OF CEMETERY OR CREMATORY University Med School; LOCATION (City, town, or county) Balto City; (State) Md

DATE REC'D BY LOCAL REG. 10-11-51; REGISTRAR'S SIGNATURE [illegible] Deputy Local; 24. FUNERAL DIRECTOR James A Hemsley; ADDRESS 575 N Bradford



File

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY: Carroll | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton | LENGTH OF STAY (in this place): 1yr. 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland | COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 1
STREET ADDRESS (If rural, give location): 910 Brevard St

3. NAME OF DECEASED (Type or Print): (First) MOSES (Middle) (Last) WALKER

4. DATE OF DEATH: (Month) October (Day) 7 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug., 23, 1908

9. AGE last birthday: 43 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.,

11. BIRTHPLACE (State or foreign country): Farmville, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clem Walker

14. MOTHER'S MAIDEN NAME: Mary Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-07-6466

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Far Advanced Pulmonary Tuberculosis — Interval Between Onset and Death: Sept. 1947

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 4, 1950, to Oct., 7, 1951, that I last saw the deceased alive on Oct., 7, 1951, and that death occurred at 8: A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): T. Vestal, M.D. | ADDRESS: Henryton, Maryland | DATE SIGNED: 10/7/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10/9/51 | NAME OF CEMETERY OR CREMATORY: Mt Carmel Cem | LOCATION (City, town, or county) (State): Cedar Hill Md

DATE REC'D BY LOCAL REG. 10-7-51 | REGISTRAR'S SIGNATURE: [signature] Deputy Local | 24. FUNERAL DIRECTOR: A. Halstead | ADDRESS

68772

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Silver Run. | LENGTH OF STAY (In this place) 26 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mailing Address; Myers District. Littlestown, Pa. Carroll Co. R.D.1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Silver Run.
STREET ADDRESS R.D.1 (If rural, give location) District. Littlestown, Pa. Carroll Co. Myers

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	——	Watson	10/26/51		19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	7/11/1872	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Owner	His own farm	Hagerstown, Md.	U.S.A

13. FATHER'S NAME: Harry Watson
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT
Unknown	None	Charles F. Watson. Littlestown, Pa. R.D.1 Carroll Co., Md. (Mailing)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) coronary occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Marsh	Deputy Medical Examiner	Westminster Md	Oct 26/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/29/51	Mt. Carmel Cemetery	Littlestown, Pa. Adams Co. Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/27/51	H. Arnaudmon	J. M. Little & Son, Per R. A. Little	Littlestown, Pa.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09773

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 3mths. 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
STREET ADDRESS (If rural, give location): 136 Prospect Street ✓

3. NAME OF DECEASED (Type or Print): (First) CORA (Middle) ISABELLE (Last) WEST

4. DATE OF DEATH: (Month) October (Day) 31 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug., 2, 1891

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Private family

11. BIRTHPLACE (State or foreign country): Chestertown, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benzie Seeney

14. MOTHER'S MAIDEN NAME: Carrie Hehse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Far Advanced Pulmonary Tuberculosis — Interval between onset and death: December, 1950

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

OCX 13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 19 51, to Oct., 31, 19 51, that I last saw the deceased alive on Oct., 31, 19 51, and that death occurred at 6:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

T. F. Vestal M D Henryton, Maryland 10-31-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Nov. 4, 1951 | NAME OF CEMETERY OR CREMATORY: Bigwoods Cem. | LOCATION (City, town, or county) (State): Kent Co. Md.

DATE REC'D BY LOCAL REG.: 10-31-51 | REGISTRAR'S SIGNATURE: Albert R. Smith Deputy Local | 24. FUNERAL DIRECTOR ADDRESS: Wilkins Wells Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09774

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 7/25/47	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) Box 43

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) E.	(Last) WISE	4. DATE OF DEATH	(Month) October (Day) 17 (Year) 1951
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH unknown	9. AGE last birthday 83 ? yrs.	If under 1 year Months — Days — If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Sands	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Charles E. Wise		14. MOTHER'S MAIDEN NAME Amanda Derr			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) —	16. SOCIAL SECURITY NO. unknown	17. INFORMANT AND ADDRESS Records - Springfield State Hospital			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive arteriosclerotic cardio-vascular disease.	10 yrs.
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephrosclerosis	?
93d	(c) Generalized arteriosclerosis	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis with cerebral arteriosclerosis	4 yrs.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes X No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED — While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct. 7, 1947, to Oct. 17, 1951, that I last saw the deceased alive on Oct. 17, 1951, and that death occurred at 7:30 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin Gross, M. D.	Martin Gross, M. D	Sykesville, Md.	10/17/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-20-51	Boonsboro	Boonsboro, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 18, 1951	C. Harry Weer	Wm. F. Bast & Son	Boonsboro, Md.

100103

RECEIVED
OCT 23
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09775

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
STREET ADDRESS (If rural give location) Westminster Road

3. NAME OF DECEASED (Type or Print): (First) MILTON (Middle) BROZIE (Last) WOODWARD

4. DATE OF DEATH (Month) (Day) (Year): October -14- 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 25, 1886

9. AGE last birthday: 65 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic for American Con Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nansmond N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Edward Woodward

14. MOTHER'S MAIDEN NAME: Sarah E. Stephens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-03-6107

17. INFORMANT: Louis Woodward, Glyndon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY THROMBOSIS — 24 HRS

420.1 / 932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC C.V. DISEASE

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to Oct. 14, 1951, that I last saw the deceased alive on Oct. 13, 1951, and that death occurred at 6:30 A. m., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel (Degree or title) M.D. ADDRESS: Reisterstown Md DATE SIGNED: 10/14/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct. 17, 1951
NAME OF CEMETERY OR CREMATORY: Finksburg Cemetery
LOCATION (City, town, or county) (State): Finksburg Carroll Co.

DATE REC'D BY LOCAL REG.: 10-14-51
REGISTRAR'S SIGNATURE: Mary B. Eline.
24. FUNERAL DIRECTOR / ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

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RECEIVED
OCT 17 1951
CARROLL CO. HEALTH DEPT.